

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: MAINE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided.

*Description provided on attachment.

TN No. 86-17
Supersedes
TN No. 87-15

Approval Date 1 MAR 1987

Effective Date 1 OCT 1986

HCFA ID: 0140P/0102A

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☒ No limitations ☐ With limitations*

- 1.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

☒ Provided: ☒ No limitations ☐ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☒ No limitations ☐ With limitations*

- d. Other laboratory and X-ray services.

☒ Provided: ☒ No limitations ☐ With limitations*

2. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☒ No limitations ☐ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided: ☒ No limitations ☐ With limitations*

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☒ No limitations ☐ With limitations*

Description provided on attachment.

OFFICIAL

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: X No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations*

*Description provided on attachment.

TN No. 93-1
Supersedes
TN No. 91-14

Approval Date

MAY 24 1993

Effective Date

1/1/93

State/Territory: MaineAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____Item 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Limited to treatment resulting from traumatic injury of persons aged 21 years and over. Persons under EPSDT not limited, except that PA is required for orthodontic services and some others.

TN No. 91-14
Supersedes _____
TN No. _____Approval Date VAR 26 1992 Effective Date OCT 01 1991

State/Territory: MAINE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

OFFICIAL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

/X / Provided: / / No limitations /X / With limitations*
(see Attachment 3.1-A, p.2a)

b. Optometrists' Services

/X / Provided: / / No limitations /X / With limitations*
(see Attachment 3.1-A, p.3b)

c. Chiropractors' Services

/X / Provided: / / No limitations /X / With limitations*
(see Attachment 3.1-A, p.3b)

d. Other Practitioners' Services

/X / Provided: / / No limitations /X / With limitations*
(see Attachment 3.1-A, p.3b)

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

/X / Provided: /X / No limitations / / With limitations*

b. Home health aide services provided by a home health agency.

/X / Provided: /X / No limitations / / With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

/X / Provided: /X / No limitations / / With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

/X / Provided: /X / No limitations / / With limitations*

*Description provided on attachment

TN No. 95-005

Supersedes

TN No. 88-17

Approval Date 7/6/95 Effective Date 4/1/95

State: Maine

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S)

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8. Private duty nursing services.

/X/ Provided: / / No limitations /X/ With limitations*

(See attachment to Attachment 3.1-A, Page 3a)

9. Clinic services.

/X/ Provided: /X/ No limitations /X/ With limitations*

10. Dental services.

/X/ Provided: / / No limitations /X/ With limitations*

(See Attachment 3.1-A, Page 4a)

11. Physical therapy and related services.

a. Physical therapy.

/X/ Provided ~~ed~~ /X/ No limitations / / With limitations*

b. Occupational therapy.

/X/ Provided /X/ No limitations / / With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under the supervision of a speech pathologist or audiologist.

/X/ Provided / / No limitations /X/ With limitations*

(See Attachment 3.1-A, Page 4a)

12. Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

/X/ Provided: / / No limitations /X/ With limitations*

(See attachment to Attachment 3.1-A, Page 5)

b. Dentures.

/X/ Provided: / / No limitations /X/ With limitations*

(See attachment to Attachment 3.1-A, Page 5)

* Description provided on attachment

TN. No. 45-005
Supersedes
TN No. 89-19

Approval Date 7/6/95 Effective Date 4/1/95

OFFICIAL

State: MAINE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Item 10. Dental Services

Limited to treatment resulting from traumatic injury of persons aged 21 years and over. Persons under EPSDT not limited, except that PA is required for orthodontic services and some others.

Item 11c. Speech and Hearing Services

Hearing aids and hearing aid examinations are not covered for persons aged 21 years and over. Covered for persons under EPSDT.

TN No. 90-21
Supersedes
TN No. 88-08

Approval Date MAR 04 1991

Effective Date OCT 01 1990

OFFICIAL

State/Territory: MAINE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p. 3a)

9. Clinic services.

☒ Provided: ☒ No limitations ☐ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p. 4)

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p. 4a)

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p.4a)

c. Services for individuals with speech, hearing and language disorders
provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p.4a)

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed
by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment 3.1-A, p.5)

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
(see attachment 3.1-A, p.5)

*Description provided on attachment

TN No. 89-19
Supersedes
TN No. 82-09

Approval Date FEB 20 1989 Effective Date OCT 01 1989

HCFA ID: 0140P/0102A

State/Territory: MAINE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Prosthetic devices.

☒ Provided: ☒ No limitations ☐ With limitations*

d. Eyeglasses

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment 3.1-A, p.5)

13. Other diagnostic, screening, preventive, and rehabilitative services,
i.e., other than those provided elsewhere in this plan.

a. Diagnostic services

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment to 3.1-A, p. 5 and 6)

b. Screening services

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment 3.1-A, p.5 and 6)

c. Preventive services

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment to 3.1-A, p. 5 and 6)

d. Rehabilitative services

☒ Provided: ☐ No limitations ☒ With limitations*
(see Attachment 3.1-A, p.5 and 6)

14. Services for individuals age 65 or older in institutions for mental
diseases.

a. Inpatient hospital services

☒ Provided: ☒ No limitations ☒ With limitations*

b. Skilled nursing facility services

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment

TN No. 87-06

Supersedes

TN No. 86-17

Approval Date 9/1/87 Effective Date 9/1/87

State/Territory: MAINE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☐ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-17
Supersedes
TN No. 81-15

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Effective Date 1 OCT 1986

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